



ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
BUSINESS ENTERPRISE PROGRAM
RECOGNITION CERTIFICATION AFFIDAVIT

Name of Firm: _____ FEIN #: _____
Address: _____
City, State, Zip Code: _____
Telephone number: _____ Fax Number: _____
Cell phone number : _____
Owner name: _____ Title/Position: _____
E-Mail: _____ Website URL: _____

1. Date the business was established: _____

2. Check the certification status of applicant firm: **CHECK ONE BOX ONLY**

- ☐ Minority Business Enterprise (MBE)
☐ Female Business Enterprise (FBE)
☐ Persons with Disabilities Business Enterprise (PBE)

3. Legal Structure **(Check One)**:

- ☐ Sole Proprietorship ☐ Limited Liability Partnership
☐ Partnership ☐ Limited Liability Company
☐ Corporation ☐ Limited Liability Corporation

4. Check one of the entities listed below. Submit the most current certificate or certification letter.

- ☐ City of Chicago ☐ Illinois Department of Transportation (IDOT)
☐ Cook County ☐ Chicago Transportation Authority (CTA)
☐ PACE ☐ Chicago Minority Business Development Council (CMBDC)
☐ METRA ☐ Women's Business Development Center (WBDC)

5. List all Owners, Proprietors, Partners and Stockholders.

Ethnic/Racial Groups Code: **(B)** Black/African Americans, **(H)** Hispanic Americans, **(NA)** Native Americans, **(AP)** Asian-Pacific Americans, **(AI)** Asian-Indian Americans, and **(W)** White.

Owner Name	Title/Position	Ethnic Group	Gender	Date of Ownership	% of Ownership

6. **Submit most recent Federal Income tax returns, include all attachments and schedules for the applicant firm.**

7. List the annual gross sales of the applicant firm for the most recent year. _____

INFORMATION REGARDING AFFILIATE FIRM(S)

8. Do you have any ownership in any other firms: _____ Yes _____ No

9. If Yes, complete the chart below:

Submit most recent Federal Income tax returns; include all attachments and schedules for any affiliate.

Name of Affiliate:	Address:	Date Established	Gross Sales

This affidavit and supporting documentation should be delivered to the Illinois Department of Central Management Services, Business Enterprise Program, 100 West Randolph Suite 4-400, Chicago Illinois 60601.



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10. Please list all the names of the owners of the affiliate firm(s). Complete the chart below.

Owner Name	Title/Position	Ethnic Group	Gender	Date of Ownership	% of Ownership

11. Submit most recent Federal Income tax returns; include all schedules and attachments for any affiliate firm(s).

AFFIRMATIONS

12. Pursuant to the requirements of Illinois Administrative Code, Title 44, Section 10.90, I understand that I must notify CMS within thirty (30) days of any change affecting my firm's ability to meet BEP program eligibility requirements.

13. I/We understand and acknowledge that to fraudulently obtain or retain certification or public monies, to willfully make a false statement to an official for the purpose of influencing certification eligibility or to obstruct or impede an official or employee who is investigating the qualifications of a business which has requested certification is a Class 2 felony subject to prosecution under Chapter 38, Article 33C of the Criminal Code of the State of Illinois.

14. I/We affirm that the Disabled, Minority or Female interest in the business constitute the majority control over business operations. Further, the undersigned agrees to provide written changes in the submitted information after the filling of this application and before the work of this firm is completed on any agency awarded contract. The agency must be informed in writing of the change, and failure to do so may result in decertification or denial of certification. The firm must further provide, upon request, information of any work performed on any specified project regarding type of work performed, its duration, amount of payment to the firm, and to permit the audit and examination of books, records and files of the named firm.

15. ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF CERTIFICATION (2) DECERTIFICATION (3) DEBARMENT (4) TERMINATING ANY CONTRACT(S) THAT MAY BE AWARDED AND (5) INITIATING ACTION UNDER FEDERAL AND/OR STATE LAWS CONCERNING FALSE STATEMENTS.

All individuals claiming ownership must sign below

Print Name	Print Title	Signature Of Owner	Date

17. Notary Seal: Subscribed and sworn to before me this _____ day of _____, 20_____.

Signed: _____

Notary Public in and for the County of: _____ State: _____

My commission expires: _____

Failure to respond to all questions on this affidavit and provide all requested documentation may result in the loss or denial of your firm's certification.

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